



# *Dual Diagnosis Prevalence & Treatment*

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# *Overview of Presentation*

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- *Background to projects*
- *Defining Comorbidity*
- *Research Design*
- *Collaborative Approach*
- *Data Collection*
- *Client Confidentiality*
- *Final Report in 2001*

# *Description of Projects*

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- *Difficult to serve population*
- *Four demonstration projects*
- *Funded for 3 years, million/yr.*
- *Goal: Provide integrated treatment*
- *Each project is unique*
- *Evaluation required for each project*

# *Primer on Prevalence Rates*

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- *Variation in prevalence estimates result from differences in*
  - Diagnostic methods***
  - Sampling procedures***
  - Time Frames***
  - Levels of morbidity***
  - Analytic Focus***

# *Best Practices*

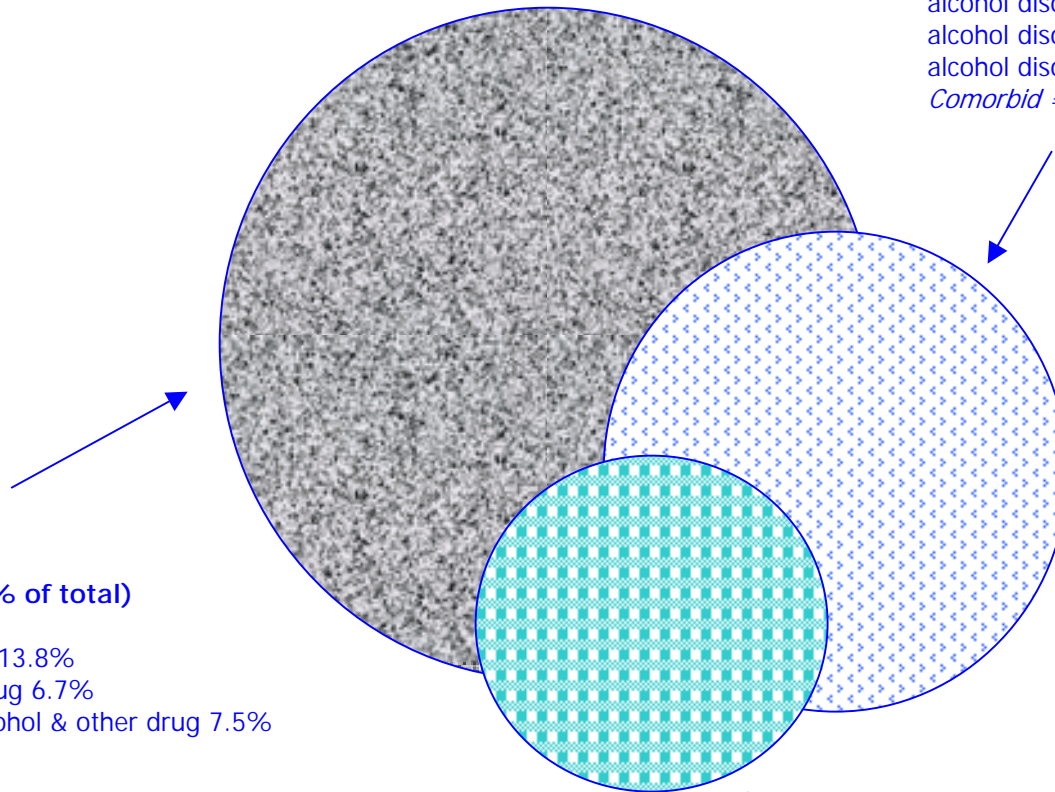
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- *Use structured clinical interview*
- *Use a valid & reliable instrument*
- *Obtain a large, representative, community-based sample*

# Lifetime Prevalence of Comorbidity

## Alcohol Disorders (13.5% of total)

alcohol disorder only 56.3%  
alcohol disorder+mental 23.0%  
alcohol disorder+other drug 8.1%  
alcohol disorder+both mental & other drug 12.5%  
*Comorbid = 43.7%*



## Mental Disorders (22.5% of total)

mental disorder only 72%  
mental disorder+alcohol 13.8%  
mental disorder+other drug 6.7%  
mental disorder+both alcohol & other drug 7.5%  
*Comorbid = 28.0%*

## Other Drug Disorders (6.1% of total)

other drug only 29.5%  
other drug+mental disorder 24.6%  
other drug+alcohol 18.0%  
other drug+both mental & alcohol 27.9%  
*Comorbid = 70.5%*

# *Research Questions*

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- *Will integrated treatment*
  - *improve psychiatric functioning?*
  - *decrease substance abuse?*
  - *improve client quality of life?*
  - *decrease costs for physical health care over time?*
  - *decrease criminal justice costs?*

# *Research Design*

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- *Client as own control (one year baseline)*
- *Repeated measures of client functioning (clinical outcomes, social adjustment, etc)*
- *Repeated measures of physical health care incidents & criminal justice involvement*
- *Identify cost for physical health care & criminal justice involvement*
- *Sample size estimated 400-500*

# *Collaborative Research*

- *State Agencies*
- *Demonstration Projects*
- *Outside Evaluators*



# *Collaborative Research Team*

*Tom Foster*  
*The Center for*  
*Applied Local*  
*Research*

*Contra Costa*  
*Merced*  
*Santa Cruz*

*State Dept.*  
*MH & ADP*

*San Diego*

*Dr. Richard Hough*  
*Center For Research on*  
*Child & Adolescent*  
*Mental Health Services*

# *Data Collection - Counties*

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- *Kennedy Axis V (K Axis)*
- *BHRS (Behavioral Healthcare Rating of Satisfaction)*
- *ASI Lite (Addiction Severity Index)*
- *Basis 32 (Behavior & Symptom Identification Scale)*
- *California Quality of Life*
- *SF 12 Health Survey*

# *Data Will Measure*

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- *Quality of Life/ Client Functioning*
  - *Lehman's QOL, ASI, Basis 32, SF-36*
- *Client Satisfaction*
  - *BHRS, Lehman's QOL, SF-36*
- *Clinical Outcomes*
  - *K Axis, BPRS, ASI*
- *Substance Abuse*
  - *ASI, BASIS 32*

## *Other Data from Projects*

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- *Criminal Justice involvement  
(arrests, incarcerations, probation)*
- *Physical Health Care incidents  
(from county health providers)*
- *Qualitative data on Client's own  
experience / case study*

# *Data Collection - State Level*

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- *California Alcohol & Drug Data System*
- *Mental Health Client Data System*
- *Medi-Cal Data*
- *Arrest Histories*
- *Cost estimates for Health care*
- *Cost estimates for Criminal Justice*

# *Measuring Cost impact*

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- *Thorny issue*
- *Average cost for broad medical categories*
- *Estimates of CJ costs - "off the shelf" prices*

# *Data Analysis*

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- *Outside evaluators will analyze data*
- *Outside evaluators will write report for counties*
- *State Evaluators will write final report*

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# *Client Confidentiality*

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- *Very Important*
- *Client Participation is Voluntary*
- *Clients agree to release information*
- *Oaths of Confidentiality*
- *Outside contractors will not have personal identifiers, e.g., name, SSN*
- *Transmitted data will be encrypted*
- *Data will be kept in locked files*

## *Revised Time Line*

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- Assumes Additional Funding
- 6-30-00 Last research client admitted
- 12-31-00 Final clinical data collected
- 3-1-01 State data requests submitted
- 4-15-01 State data to outside evaluators
- 8-31-01 County reports to State
- 12-5-01 Final report to DDTF